

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	There are 69 - 346 Cancel.					
347	1					
348	1					
349	1					
350	1					
351	1					
352	1					
353	1					
354	1					
361						
81	1					
82	1					
83	1					
84	1					
85	362 - 374 Cancel.					
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	20					
TOTAL CLAIMS	24					